



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

October 2015

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Glacier Ridge Recovery & Treatment Center	Kalispell	Establish an inpatient chemical dependency treatment facility	Less than \$950,000	Revised 10/6/15	Oct 2015							
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15								

LEGEND:

ASC Ambulatory Surgical Center

CDU Chemical Dependency Unit

CO County

CR Comparative Review

DEC Decision

DISMISS Appeal dismissed

FAC Facility

HHA Home Health Agency

H Hospital

IHS Indian Health Service

LOI Letter of Intent

LTC Long-Term Care

MTH Month of Notice

NH Nursing Home

NR Non-Reviewable Project

N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision

REQ Request

SNF Skilled Nursing Facility

TBA To Be Announced

TBI Traumatic Brain Injury

10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)

N Disapproval or No Y Approval or Yes

DATES Month/Day/Year

* First-year operating cost HHA, (may not be strictly comparable)

Name of facility in **BOLD** indicates a new request for report month